

HUMAN SERVICES DEPARTMENT[441]

Notice of Intended Action

Twenty-five interested persons, a governmental subdivision, an agency or association of 25 or more persons may demand an oral presentation hereon as provided in Iowa Code section 17A.4(1)“b.”

Notice is also given to the public that the Administrative Rules Review Committee may, on its own motion or on written request by any individual or group, review this proposed action under section 17A.8(6) at a regular or special meeting where the public or interested persons may be heard.

Pursuant to the authority of Iowa Code section 249A.4, the Department of Human Services proposes to amend Chapter 78, “Amount, Duration and Scope of Medical and Remedial Services,” Iowa Administrative Code.

These amendments change Medicaid coverage requirements to eliminate the need for some exceptions to policy that are routinely approved.

- Item 1 allows use of another state’s Medicaid sterilization consent form in lieu of the Iowa Medicaid form. Iowa Medicaid members who live near state borders often receive services in the bordering state. Since the content of the sterilization consent is detailed in federal Medicaid regulations, these forms are very similar across states. Denying a claim if the consent meets all requirements except the Iowa form number is not a cost-effective action.

- Items 2 and 3 remove the requirement that a member report the results of a trial use of an enclosed bed before requesting prior authorization for an enclosed bed. Enclosed beds are not available on a rental basis for a trial period, and the alternative of overnight hospitalization for observation of a trial is not cost-effective.

These amendments do not provide for waivers in specified situations because they benefit the members affected. Requests for the waiver of any rule may be submitted under the Department’s general rule on exceptions at 441—1.8(17A,217).

Any interested person may make written comments on the proposed amendments on or before March 16, 2010. Comments should be directed to Mary Ellen Imlau, Bureau of Policy Analysis and Appeals, Department of Human Services, Hoover State Office Building, 1305 East Walnut Street, Des Moines, Iowa 50319-0114. Comments may be sent by fax to (515)281-4980 or by E-mail to policyanalysis@dhs.state.ia.us.

These amendments are intended to implement Iowa Code section 249A.4.

The following amendments are proposed.

ITEM 1. Amend paragraphs **78.1(16)“b,” “f” and “h”** as follows:

b. The sterilization shall be performed as the result of a voluntary request for the services made by the person on whom the sterilization is performed. The person’s consent for sterilization shall be documented on:

- (1) Form 470-0835 or 470-0835(S), Consent Form, or
- (2) An official sterilization consent form from another state’s Medicaid program that contains all information found on the Iowa form and complies with all applicable federal regulations.

f. ~~At least 30 days and not more than 180 days shall have elapsed following the signing of the informed consent except in the case of premature delivery or emergency abdominal surgery which occurs not less than 72 hours after the informed consent was signed. The informed consent shall have been signed at least 30 days prior to before the expected delivery date for premature deliveries. Consent shall be obtained on Form 470-0835 or 470-0835(S), Consent Form, and shall be attached to the claim for payment.~~

h. ~~Form 470-0835 or 470-0835(S), Consent Form, The consent form described in paragraph 78.1(16)“b” shall be attached to the claim for payment and shall be signed by:~~

- (1) ~~the individual~~ The person to be sterilized,
- (2) ~~the~~ The interpreter, when one was necessary,

(3) ~~the~~ The physician, and

(4) ~~the~~ The person who provided the required information.

ITEM 2. Amend subparagraph **78.10(2)“d”(1)** as follows:

(1) Enclosed beds. Payment for an enclosed bed will be approved when prescribed for a patient who meets all of the following conditions:

1. The patient has a diagnosis-related cognitive or communication impairment that results in risk to safety.

2. The patient’s mobility puts the patient at risk for injury.

3. The patient has suffered injuries when getting out of bed.

~~4. The patient has had a successful trial with an enclosed bed.~~

ITEM 3. Rescind subparagraph **78.28(1)“g”(4)**.